

471-000-532 Nebraska Medicaid Managed Care and Fee-For Service Care Fee Schedule for Mental Health and Substance Use Services

This fee schedule lists the procedure codes and rates for mental health and substance use services. Each procedure code is listed with the Medicaid fee schedule allowable for the type of provider. Payment is the lower of the fee schedule allowable or the provider's submitted charge. The provider's submitted charge must reflect their charge to the general public.

Procedure Code Descriptions:

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For CPT procedure code descriptions, refer to the most recently published edition of the American Medical Association's Current Procedural Terminology (CPT). CPT procedure code manuals are also available through private vendors.

[HCPCS procedure codes are defined by the Centers for Medicare and Medicaid Services \(CMS\). For HCPCS procedure code definitions, refer to the CMS web site at http://www.cms.gov/ HCPCS procedure code manuals are available through private vendors.](http://www.cms.gov/)

NOTE: This appendix includes information for both Nebraska Medicaid "Fee-for-Service" (non-managed care) codes and Nebraska Medicaid Managed Care codes.

Providers must be specifically enrolled with Medicaid for each type of service they provide to a Medicaid fee-for-service client.

Providers must be specifically enrolled with Medicaid and credentialed with Magellan for each type of managed care service they provide.

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology, Copyright 2012, by the American Medical Association (CPT). CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. This Schedule includes CPT numeric identifying codes for reporting medical services and procedures which are copyrighted by the American Medical Association.

Please call the Nebraska Medicaid Inquiry Line at 1-877-255-3092 (or 471-9128 in Lincoln) with questions about this Fee Schedule.

CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	30 RN	36 LMHP	37 PLMHP
90791		Initial Diagnostic Interview	\$131.01	\$131.01	\$123.00	\$123.00			
90791	GT	Initial Diagnostic Interview (telehealth)	\$131.01	\$131.01	\$123.00	\$123.00			
90792		Initial Diagnostic Interview (with med services)	\$131.01	\$131.01	\$123.00	\$123.00			
90832		Individual psychotherapy - 30 min.	\$66.55	\$66.55	\$53.29	\$53.29	\$46.59	\$46.59	\$44.25
90832	U2	Individual psychotherapy - 30 min. (PRFC)	\$66.55	\$66.55	\$53.29	\$53.29		\$46.59	\$44.25
90832	U3	Individual psychotherapy - 30 min. (Day Treatment)	\$66.55	\$66.55	\$53.29	\$53.29		\$46.59	\$44.25
90832	U4	Individual psychotherapy -30 min. (IOP-Facility)	\$66.55	\$66.55	\$53.29	\$53.29		\$46.59	\$44.25
90832	U5	Individual psychotherapy - 30 min. (IOP-Home based)	\$66.55	\$66.55	\$53.29	\$53.29		\$46.59	\$44.25
90832	U6	Individual psychotherapy - 30 min. (ThGh)	\$66.55	\$66.55	\$53.29	\$53.29		\$46.59	\$44.25
90833		Individual psychotherapy - 30 min. + E/M code	\$59.54	\$59.54	\$41.56	\$41.56			
90833	GT	Individual psychotherapy - 30 min. + E/M code (telehealth)	\$59.54	\$59.54	\$41.99	\$41.99			
90833	U4	Individual psychotherapy - 30 min. (IOP-Facility) + E/M code	\$58.94	\$58.94	\$41.56	\$41.56			
90833	U5	Individual psychotherapy - 30 min. (IOP-Home based) + E/M code	\$58.94	\$58.94	\$41.56	\$41.56			
90834		Individual psychotherapy - 45 min.	\$93.22	\$93.22	\$74.64	\$74.64	\$64.27	\$64.27	\$61.06
90834	HF	Individual psychotherapy - 45 min. (Adult substance use)			\$74.64	\$74.64	\$64.27	\$64.27	\$61.06
90834	U2	Individual psychotherapy - 45 min. (PRFC)	\$93.22	\$93.22	\$74.64	\$74.64		\$64.27	\$61.06
90834	U3	Individual psychotherapy - 45 min. (Day Treatment)	\$93.22	\$93.22	\$74.64	\$74.64		\$64.27	\$61.06
90834	U4	Individual psychotherapy -45 min. (IOP-Facility)	\$93.22	\$93.22	\$74.64	\$74.64		\$64.27	\$61.06
90834	U5	Individual psychotherapy - 45 min. (IOP-Home based)	\$93.22	\$93.22	\$74.64	\$74.64		\$64.27	\$61.06
90834	U6	Individual psychotherapy - 45 min. (ThGh)	\$93.22	\$93.22	\$74.64	\$74.64		\$64.27	\$61.06
90836		Individual psychotherapy - 45 min. + E/M code	\$77.93	\$77.93	\$50.89	\$50.89			
90836	U4	Individual psychotherapy - 45 min. (IOP-Facility) + E/M code	\$77.93	\$77.93	\$50.89	\$50.89			
90836	U5	Individual psychotherapy - 45 min. (IOP-Home based) + E/M code	\$77.93	\$77.93	\$50.89	\$50.89			
90837		Individual psychotherapy - 60 min.	\$136.55	\$136.55	\$109.34	\$109.34	\$95.58	\$95.58	\$90.81
90837	U2	Individual psychotherapy - 60 min. (PRFC)	\$136.55	\$136.55	\$109.34	\$109.34		\$95.58	\$90.81
90837	U3	Individual psychotherapy - 60 min. (Day Treatment)	\$136.55	\$136.55	\$109.34	\$109.34		\$95.58	\$90.81
90837	U4	Individual psychotherapy - 60 min. (IOP-Facility)	\$136.55	\$136.55	\$109.34	\$109.34		\$95.58	\$90.81
90837	U5	Individual psychotherapy - 60 min. (IOP-Home based)	\$136.55	\$136.55	\$109.34	\$109.34		\$95.58	\$90.81
90837	U6	Individual psychotherapy - 60 min. (ThGh)	\$136.55	\$136.55	\$109.34	\$109.34		\$95.58	\$90.81
90838		Individual psychotherapy - 60 min. + E/M code	\$125.76	\$125.76	\$100.77	\$100.77			
90838	U4	Individual psychotherapy - 60 min. (IOP-Facility) + E/M code	\$111.85	\$111.85	\$98.22	\$98.22			

CPT Code	Modifier	Description	38 PhD CAND	39 LIMHP	57 PhD PROV	58 PLADC	64 S PhD	67 PhD	78 LADC
90791		Initial Diagnostic Interview			\$88.03		\$88.03	\$101.72	
90791	GT	Initial Diagnostic Interview (telehealth)			\$88.03		\$88.03	\$101.72	
90792		Initial Diagnostic Interview (with med services)							
90832		Individual psychotherapy - 30 min.	\$44.25	\$46.59	\$52.66		\$52.66	\$55.43	\$46.59
90832	U2	Individual psychotherapy - 30 min. (PRFC)	\$44.25	\$46.59	\$52.66		\$52.66	\$55.43	\$46.59
90832	U3	Individual psychotherapy - 30 min. (Day Treatment)	\$44.25	\$46.59	\$52.66		\$52.66	\$55.43	\$46.59
90832	U4	Individual psychotherapy -30 min. (IOP-Facility)	\$44.25	\$46.59	\$52.66		\$52.66	\$55.43	\$46.59
90832	U5	Individual psychotherapy - 30 min. (IOP-Home based)	\$44.25	\$46.59	\$52.66		\$52.66	\$55.43	\$46.59
90832	U6	Individual psychotherapy - 30 min. (ThGh)	\$44.25	\$46.59	\$52.66		\$52.66	\$55.43	\$46.59
90833		Individual psychotherapy - 30 min. + E/M code							
90833	GT	Individual psychotherapy - 30 min. + E/M code (telehealth)							
90833	U4	Individual psychotherapy - 30 min. (IOP-Facility) + E/M code							
90833	U5	Individual psychotherapy - 30 min. (IOP-Home based) + E/M code							
90834		Individual psychotherapy - 45 min.	\$61.06	\$64.27	\$73.75		\$73.75	\$77.63	\$64.27
90834	HF	Individual psychotherapy - 45 min. (Adult substance use)	\$61.06	\$64.27	\$73.75	\$67.70	\$73.75	\$77.63	\$64.27
90834	U2	Individual psychotherapy - 45 min. (PRFC)	\$61.06	\$64.27	\$73.75		\$73.75	\$77.63	\$64.27
90834	U3	Individual psychotherapy - 45 min. (Day Treatment)	\$61.06	\$64.27	\$73.75		\$73.75	\$77.63	\$64.27
90834	U4	Individual psychotherapy -45 min. (IOP-Facility)	\$61.06	\$64.27	\$73.75		\$73.75	\$77.63	\$64.27
90834	U5	Individual psychotherapy - 45 min. (IOP-Home based)	\$61.06	\$64.27	\$73.75		\$73.75	\$77.63	\$64.27
90834	U6	Individual psychotherapy - 45 min. (ThGh)	\$61.06	\$64.27	\$73.75		\$73.75	\$77.63	\$64.27
90836		Individual psychotherapy - 45 min. + E/M code							
90836	U4	Individual psychotherapy - 45 min. (IOP-Facility) + E/M code							
90836	U5	Individual psychotherapy - 45 min. (IOP-Home based) + E/M code							
90837		Individual psychotherapy - 60 min.	\$90.81	\$95.58	\$108.83		\$108.83	\$113.72	\$95.58
90837	U2	Individual psychotherapy - 60 min. (PRFC)	\$90.81	\$95.58	\$108.83		\$108.83	\$113.72	\$95.58
90837	U3	Individual psychotherapy - 60 min. (Day Treatment)	\$90.81	\$95.58	\$108.83		\$108.83	\$113.72	\$95.58
90837	U4	Individual psychotherapy - 60 min. (IOP-Facility)	\$90.81	\$95.58	\$108.83		\$108.83	\$113.72	\$95.58
90837	U5	Individual psychotherapy - 60 min. (IOP-Home based)	\$90.81	\$95.58	\$108.83		\$108.83	\$113.72	\$95.58
90837	U6	Individual psychotherapy - 60 min. (ThGh)	\$90.81	\$95.58	\$108.83		\$108.83	\$113.72	\$95.58
90838		Individual psychotherapy - 60 min. + E/M code							
90838	U4	Individual psychotherapy - 60 min. (IOP-Facility) + E/M code							

CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	30 RN	36 LMHP	37 PLMHP
90838	U5	Individual psychotherapy - 60 min. (IOP-Home based) + E/M code	\$111.85	\$111.85	\$98.22	\$98.22			
90839		Individual psychotherapy - Crisis (1st hour)	\$124.52	\$124.52	\$99.70	\$99.70	\$86.52	\$86.52	\$82.20
90840		Individual psychotherapy - Crisis (additional 30 min./ add to 90839)	\$50.77	\$50.77	\$40.65	\$40.65	\$36.64	\$36.64	\$34.80
90846		Family psychotherapy (w/o client present) - office	\$116.28	\$116.28	\$83.66	\$83.66	\$83.66	\$83.66	\$81.55
90846	HA	Family psychotherapy (w/o client present) - home based	\$118.61	\$118.61	\$86.48	\$86.48		\$86.48	\$84.38
90846	HF	Family psychotherapy (w/o client present) - Adult substance use		\$83.68	\$83.68	\$83.68	\$83.68	\$83.68	\$81.60
90846	U2	Family psychotherapy (w/o client present) - PRFC	\$116.28	\$116.28	\$83.66	\$83.66		\$83.66	\$81.55
90846	U3	Family psychotherapy (w/o client present) - Day Treatment	\$116.28	\$116.28	\$83.66	\$83.66		\$83.66	\$81.55
90846	U4	Family psychotherapy (w/o client present) - IOP - Facility based	\$116.28	\$116.28	\$83.66	\$83.66		\$83.66	\$81.55
90846	U5	Family psychotherapy (w/o client present) - IOP - Home based	\$116.28	\$116.28	\$83.66	\$83.66		\$83.66	\$81.55
90846	U6	Family psychotherapy (w/o client present) - ThGh	\$116.28	\$116.28	\$83.66	\$83.66		\$83.66	\$81.55
90847		Family psychotherapy (with client present)	\$121.92	\$121.92	\$97.63	\$97.63	\$85.35	\$85.35	\$81.08
90847	ET	Family psychotherapy (with client present) - Crisis	\$121.92	\$121.92	\$97.63	\$97.63	\$85.35	\$85.35	\$81.08
90847	HA	Family psychotherapy (with client present) - Home based	\$124.17	\$124.17	\$100.25	\$100.25		\$88.15	\$83.95
90847	HF	Family psychotherapy (with client present) - Adult substance use			\$96.16	\$96.16	\$85.35	\$85.35	\$81.08
90847	U2	Family psychotherapy (with client present) - PRFC	\$121.92	\$121.92	\$97.63	\$97.63		\$85.35	\$85.35
90847	U3	Family psychotherapy (with client present) - Day Treatment	\$121.92	\$121.92	\$97.63	\$97.63	\$85.35	\$85.35	\$85.35
90847	U4	Family psychotherapy (with client present) - IOP - Facility based	\$121.92	\$121.92	\$97.63	\$97.63		\$85.35	\$81.08
90847	U5	Family psychotherapy (with client present) - IOP - Home based	\$121.92	\$121.92	\$97.63	\$97.63		\$85.35	\$81.08
90847	U6	Family psychotherapy (with client present) - ThGh	\$121.92	\$121.92	\$97.63	\$97.63		\$85.35	\$81.08
90847	U7	Parent Child Interaction Therapy (PCIT)	\$121.92	\$121.92	\$97.63	\$97.63	\$85.35	\$85.35	\$81.08
90847	U8	Child-Parent Psychotherapy (CPP)	\$121.92	\$121.92	\$97.63	\$97.63	\$85.35	\$85.35	\$81.08
90853		Group psychotherapy	\$36.84	\$36.84	\$29.49	\$29.49	\$25.40	\$25.40	\$24.50
90853	U2	Group psychotherapy - PRFC	\$36.84	\$36.84	\$29.49	\$29.49		\$25.40	\$24.50
90853	U3	Group psychotherapy - Day Treatment	\$36.84	\$36.84	\$29.49	\$29.49	\$25.40	\$25.40	\$24.50
90853	U4	Group psychotherapy - IOP - Facility based	\$36.84	\$36.84	\$29.49	\$29.49		\$25.40	\$24.50
90853	U6	Group psychotherapy - ThGh	\$36.84	\$36.84	\$29.49	\$29.49	\$25.40	\$25.40	\$24.50
90870		Electroconvulsive Therapy - ECT (Includes Necessary Monitoring)	\$55.91	\$55.91					
90887		Conference regarding client treatment	\$27.80	\$27.80	\$22.44	\$22.44	\$17.00	\$17.00	\$16.56
90887	U5	In-home Conf. regarding client treatment	\$27.38	\$27.38	\$22.44	\$22.44	\$16.75	\$16.75	\$16.32
96101		Psychological Testing - 1 hour							
96101	52	Psychological Testing - 1/2 hour							
96372		Therapeutic Injection	\$9.75	\$9.75	\$9.75	\$9.75			
99211		Established patient Evaluation/Management - office or outpatient visit	\$31.42	\$31.42	\$28.01	\$28.01			

CPT Code	Modifier	Description	38 PhD CAND	39 LIMHP	57 PhD PROV	58 PLADC	64 S PhD	67 PhD	78 LADC
90838	U5	Individual psychotherapy - 60 min. (IOP-Home based) + E/M code							
90839		Individual psychotherapy - Crisis (1st hour)		\$86.52	\$98.52	\$82.20	\$98.52	\$103.70	\$86.52
90840		Individual psychotherapy - Crisis (additional 30 min./ add to 90839)		\$40.19	\$40.16	\$34.80	\$40.16	\$42.28	\$36.64
90846		Family psychotherapy (w/o client present) - office		\$83.66	\$90.63		\$90.63	\$93.01	\$83.66
90846	HA	Family psychotherapy (w/o client present) - home based	\$84.38	\$86.48	\$93.35		\$93.35	\$95.70	\$86.48
90846	HF	Family psychotherapy (w/o client present) - Adult substance use		\$83.68	\$90.70	\$81.60	\$90.70	\$93.03	\$83.68
90846	U2	Family psychotherapy (w/o client present) - PRFC	\$83.66	\$83.66	\$90.63		\$90.63	\$93.01	\$83.66
90846	U3	Family psychotherapy (w/o client present) - Day Treatment	\$83.66	\$83.66	\$90.63		\$90.63	\$93.01	
90846	U4	Family psychotherapy (w/o client present) - IOP - Facility based	\$83.66	\$83.66	\$90.63		\$90.63	\$93.01	\$83.66
90846	U5	Family psychotherapy (w/o client present) - IOP - Home based	\$83.66	\$83.66	\$90.63		\$90.63	\$93.01	\$83.66
90846	U6	Family psychotherapy (w/o client present) - ThGh	\$83.66	\$83.66	\$90.63		\$90.63	\$93.01	\$83.66
90847		Family psychotherapy (with client present)		\$85.35	\$95.01		\$95.01	\$100.01	\$85.35
90847	ET	Family psychotherapy (with client present) - Crisis		\$85.35	\$95.01		\$95.01	\$100.01	\$85.35
90847	HA	Family psychotherapy (with client present) - Home based	\$83.95	\$88.15	\$99.10		\$99.10	\$100.01	
90847	HF	Family psychotherapy (with client present) - Adult substance use		\$85.35	\$95.01	\$81.08	\$95.01	\$100.01	\$85.35
90847	U2	Family psychotherapy (with client present) - PRFC	\$81.08	\$85.35	\$95.01		\$95.01	\$100.01	\$85.35
90847	U3	Family psychotherapy (with client present) - Day Treatment	\$81.08	\$85.35	\$95.01		\$95.01	\$100.01	\$85.35
90847	U4	Family psychotherapy (with client present) - IOP - Facility based	\$85.35	\$85.35	\$95.01		\$95.01	\$100.01	\$85.35
90847	U5	Family psychotherapy (with client present) - IOP - Home based	\$85.35	\$85.35	\$95.01		\$95.01	\$100.01	\$85.35
90847	U6	Family psychotherapy (with client present) - ThGh	\$85.35	\$85.35	\$95.01		\$95.01	\$100.01	\$85.35
90847	U7	Parent Child Interaction Therapy (PCIT)		\$85.35	\$95.01		\$95.01	\$100.01	
90847	U8	Child-Parent Psychotherapy (CPP)		\$85.35	\$95.01		\$95.01	\$100.01	
90853		Group psychotherapy		\$25.40	\$29.14		\$29.14	\$30.68	\$25.40
90853	U2	Group psychotherapy - PRFC	\$25.40	\$25.40	\$29.14		\$29.14	\$30.68	\$25.40
90853	U3	Group psychotherapy - Day Treatment	\$25.40	\$25.40	\$29.14		\$29.14	\$30.68	\$25.40
90853	U4	Group psychotherapy - IOP - Facility based	\$25.40	\$25.40	\$29.14		\$29.14	\$30.68	\$25.40
90853	U6	Group psychotherapy - ThGh	\$25.40	\$25.40	\$29.14		\$29.14	\$30.68	\$25.40
90870		Electroconvulsive Therapy - ECT (Includes Necessary Monitoring)							
90887		Conference regarding client treatment		\$17.00	\$16.68		\$16.68	\$22.78	\$17.00
90887	U5	In-home Conf. regarding client treatment		\$16.75	\$16.43		\$16.43	\$22.44	\$16.75
96101		Psychological Testing - 1 hour			\$87.58			\$89.89	
96101	52	Psychological Testing - 1/2 hour			\$43.69			\$44.85	
96372		Therapeutic Injection							
99211		Established patient Evaluation/Management - office or outpatient visit							

CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	30 RN	36 LMHP	37 PLMHP
99212		Established patient Evaluation/Management - office or outpatient visit (focused)	\$47.37	\$47.37	\$40.27	\$40.27			
99213		Established patient Evaluation/Management - office or outpatient visit (low complexity)	\$62.87	\$62.87	\$53.45	\$53.45			
99214		Established patient Evaluation/Management - office or outpatient visit (moderate complexity)	\$86.30	\$86.30	\$73.35	\$73.35			
99215		Established patient Evaluation/Management - office or outpatient visit (high complexity)	\$86.35	\$86.35	\$73.40	\$73.40			
99221		Initial inpatient hospital care - per day Evaluation/Management (low complexity)	\$48.17	\$48.17	\$40.94	\$40.94			
99222		Initial inpatient hospital care - per day Evaluation/Management (moderate complexity)	\$74.13	\$74.13	\$63.02	\$63.02			
99223		Initial inpatient hospital care - per day Evaluation/Management (high complexity)	\$91.02	\$91.02	\$77.37	\$77.37			
99231		Subsequent inpatient hospital care - per day Evaluation/Management (focused)	\$29.65	\$29.65	\$25.20	\$25.20			
99232		Subsequent inpatient hospital care - per day Evaluation/Management (expanded)	\$44.42	\$44.42	\$37.75	\$37.75			
99233		Subsequent inpatient hospital care - per day Evaluation/Management (detailed)	\$52.78	\$52.78	\$44.87	\$44.87			
99241		Office Consultation outpatient (focused)	\$46.51	\$46.51	\$39.54	\$39.54			
99242		Office Consultation outpatient (expanded)	\$53.90	\$53.90	\$45.81	\$45.81			
99243		Office Consultation outpatient (detailed)	\$87.74	\$87.74	\$74.58	\$74.58			
99244		Office Consultation outpatient (comprehensive - moderate complexity)	\$96.82	\$96.82	\$82.30	\$82.30			
99245		Office Consultation outpatient (comprehensive - high complexity)	\$96.82	\$96.82	\$82.30	\$82.30			
99251		Inpatient Consultation (focused)	\$49.36	\$49.36	\$41.95	\$41.95			
99252		Inpatient Consultation (expanded)	\$61.75	\$61.75	\$52.48	\$52.48			
99253		Inpatient Consultation (detailed)	\$88.53	\$88.53	\$75.25	\$75.25			
99254		Inpatient Consultation (comprehensive - moderate complexity)	\$104.26	\$104.26	\$88.82	\$88.82			
99255		Inpatient Consultation (comprehensive - high complexity)	\$118.00	\$118.00	\$100.29	\$100.29			
H0001		Substance Use Assessment	\$221.86	\$221.86	\$184.89	\$184.89		\$184.89	
H0001	52	Substance Use Assessment - Addendum	\$66.14	\$66.14	\$66.14	\$66.14		\$66.14	
H0002		Bio-psychosocial Assessment	\$221.86	\$221.86	\$184.89	\$184.89	\$184.89	\$184.89	\$180.15
H0002	52	Bio-psychosocial Assessment - Addendum	\$66.14	\$66.14	\$66.14	\$66.14	\$66.14	\$66.14	\$64.43
H0005		Group Therapy - Adult Substance Use			\$25.21	\$25.21	\$24.84	\$25.21	\$24.56
H0031	AH	Annual Supervision Assessment by Psychologist							
H0031	HO	Initial Diagnostic Interview by LIMHP							
H0031	52	Annual Supervision Assessment by LIMHP							
H0046		Client Assistance Program (CAP) services	\$65.12	\$65.12				\$65.12	\$63.46

CPT Code	Modifier	Description	38 PhD CAND	39 LIMHP	57 PhD PROV	58 PLADC	64 S PhD	67 PhD	78 LADC
99212		Established patient Evaluation/Management - office or outpatient visit (focused)							
99213		Established patient Evaluation/Management - office or outpatient visit (low complexity)							
99214		Established patient Evaluation/Management - office or outpatient visit (moderate complexity)							
99215		Established patient Evaluation/Management - office or outpatient visit (high complexity)							
99221		Initial inpatient hospital care - per day Evaluation/Management (low complexity)							
99222		Initial inpatient hospital care - per day Evaluation/Management (moderate complexity)							
99223		Initial inpatient hospital care - per day Evaluation/Management (high complexity)							
99231		Subsequent inpatient hospital care - per day Evaluation/Management (focused)							
99232		Subsequent inpatient hospital care - per day Evaluation/Management (expanded)							
99233		Subsequent inpatient hospital care - per day Evaluation/Management (detailed)							
99241		Office Consultation outpatient (focused)							
99242		Office Consultation outpatient (expanded)							
99243		Office Consultation outpatient (detailed)							
99244		Office Consultation outpatient (comprehensive - moderate complexity)							
99245		Office Consultation outpatient (comprehensive - high complexity)							
99251		Inpatient Consultation (focused)							
99252		Inpatient Consultation (expanded)							
99253		Inpatient Consultation (detailed)							
99254		Inpatient Consultation (comprehensive - moderate complexity)							
99255		Inpatient Consultation (comprehensive - high complexity)							
H0001		Substance Use Assessment		\$184.89	\$216.18		\$216.18	\$221.86	\$184.89
H0001	52	Substance Use Assessment - Addendum		\$66.14	\$64.43		\$64.43	\$66.14	\$66.14
H0002		Bio-psychosocial Assessment		\$184.89	\$216.17		\$216.17	\$221.86	
H0002	52	Bio-psychosocial Assessment - Addendum		\$66.14	\$64.43		\$64.43	\$66.14	
H0005		Group Therapy - Adult Substance Use	\$24.56	\$25.21	\$32.74	\$24.56	\$32.74	\$33.60	\$25.21
H0031	AH	Annual Supervision Assessment by Psychologist						\$82.40	
H0031	HO	Initial Diagnostic Interview by LIMHP		\$79.35					
H0031	52	Annual Supervision Assessment by LIMHP		\$60.90					
H0046		Client Assistance Program (CAP) services		\$65.12	\$63.46	\$63.46	\$63.46	\$65.12	\$65.12

CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	30 RN	36 LMHP	37 PLMHP
H1011		Family Assessment	\$70.55	\$70.55	\$70.55	\$70.55	\$70.55	\$70.55	\$68.74
H2000	HA	Addendum - Sexual Offending Risk Assessment for clients age 20 and under	\$261.25	\$261.25	\$257.29	\$257.29	\$257.29	\$257.29	\$254.55
H2000	SK	Sexual Offending Risk Assessment for clients age 20 and under	\$524.47	\$524.47	\$524.47	\$524.47	\$524.47	\$524.47	\$511.01
J0400		Injection - Aripiprazole 0.25 mg (Abilify)	\$0.34	\$0.34	\$0.34	\$0.34			
J1630		Injection - Haloperidol - up to 5mg (Haldol)	\$2.27	\$2.27	\$2.27	\$2.27			
J1631		Injection - Haloperidol Decanoate - per 50mg (Haldol Decanoate)	\$3.89	\$3.89	\$3.89	\$3.89			
J2680		Injection - Fluphenazine Decanoate - up to 25mg (Prolixin Decanoate)	\$3.04	\$3.04	\$3.04	\$3.04			
S0166		Injection - Olanzapine 2.5mg (Zyprexa)	\$7.27	\$7.27	\$7.27	\$7.27			
T1013		Oral Interpretive Service (15 min.)	\$6.99	\$6.99	\$6.99	\$6.99		\$6.99	\$6.81
T1013	SC	Sign Language Service (15 min.)	\$9.80	\$9.80	\$9.80	\$9.80		\$9.80	\$9.55

CPT Code	Modifier	Description	38 PhD CAND	39 LIMHP	57 PhD PROV	58 PLADC	64 S PhD	67 PhD	78 LADC
H1011		Family Assessment		\$70.55	\$68.74		\$68.74	\$70.55	
H2000	HA	Addendum - Sexual Offending Risk Assessment for clients age 20 and under		\$261.25	\$254.55		\$254.55	\$261.25	
H2000	SK	Sexual Offending Risk Assessment for clients age 20 and under		\$524.47	\$511.01		\$511.01	\$524.47	
J0400		Injection - Aripiprazole 0.25 mg (Abilify)							
J1630		Injection - Haloperidol - up to 5mg (Haldol)							
J1631		Injection - Haloperidol Decanoate - per 50mg (Haldol Decanoate)							
J2680		Injection - Fluphenazine Decanoate - up to 25mg (Prolixin Decanoate)							
S0166		Injection - Olanzapine 2.5mg (Zyprexa)							
T1013		Oral Interpretive Service (15 min.)		\$6.99	\$6.81	\$6.81	\$6.81	\$6.99	\$6.99
T1013	SC	Sign Language Service (15 min.)		\$9.80	\$9.55	\$9.55	\$9.55	\$9.80	\$9.80

CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	35 MH Home Health	41 Assert Comm	44 Comm Suppt
90846	U3	Family psychotherapy (w/o client present) - Day Treatment							
90870		Electroconvulsive Therapy - ECT (Includes Necessary Monitoring)	\$110.27						
96372		Therapeutic Injection	\$9.75	\$9.75	\$9.75				
H0010		Adult Substance Use - Sub-acute Detoxification (inpatient residential addiction program) - ASAM Level III. 7-D							
H0012		Adult Substance Use - Sub-acute Detoxification (residential addiction program outpatient) - ASAM Level III. 2-D							
H0014		Adult Substance Use - Ambulatory Detoxification - ASAM Level II -D							
H0015		Adult Substance Use - Intensive Outpatient (IOP)- dual diagnosis capable - ASAM Level II. 1 (Per hour rate)							
H0018	HF	Adult Substance Use - Short-Term Non-hospital Residential Treatment Program -dual diagnosis capable - ASAM High residential Level III.5 (per diem) W/O room & board							
H0018	HH	Adult Substance Use - Non-hospital Residential Treatment Program - dual diagnosis capable - ASAM High residential Level III.5 (per diem) W/O room & board							
H0019		Adult Substance Use - Long-term Residential >30 days - dual diagnosis capable - ASAM Medium residential Level III.3 (per diem) W/O room & board							
H0019	TT	Adult Substance Use - Long-term Residential Treatment Program - dual diagnosis capable - ASAM Medium residential Level III.3 (per diem)							
H0035		Adult Substance Use - Partial Hospitalization Treatment > 24 hours - ASAM Level II.5 (per diem)							
H0036		Community Treatment Aide (CTA) (per 15 min.)		\$11.04	\$11.04		\$11.04		
H0040		Assertive Community Treatment Program (ACT) - (MRO) (per diem)						\$44.55	
H0040	52	(Alternate) Assertive Community Treatment Program (ACT) - (MRO) (per diem)						\$41.88	
H2000		Comprehensive Multidisciplinary Evaluation (CCAA)		\$1,004.69	\$1,004.69				
H2000	U1	Comprehensive Multidisciplinary Evaluation (CCAA) - room & board 3 unit max.		\$166.39	\$166.39				
H2000	52	Comprehensive Multidisciplinary Evaluation (CCAA) - Addendum		\$459.50	\$459.50				
H2012		Partial Hospitalization - minimum 6 units (per hour rate)	\$42.37						
H2012	52	Partial Hospitalization - maximum 3 units (per hour rate)	\$42.37						
H2012		Partial Hospitalization - minimum 6 units (per hour rate)							

CODE	MOD	DESCRIPTION	45 Day Rehab	46 Res Rehab	47 Sub Use Center	77 Day Treat	79 Treat Crisis	81 ThGh	86 PRFC	87 PRTF
90846	U3	Family psychotherapy (w/o client present) - Day Treatment				\$83.66				
90870		Electroconvulsive Therapy - ECT (Includes Necessary Monitoring)								
96372		Therapeutic Injection	\$9.75	\$9.75	\$9.75					
H0010		Adult Substance Use - Sub-acute Detoxification (inpatient residential addiction program) - ASAM Level III. 7-D			\$286.31					
H0012		Adult Substance Use - Sub-acute Detoxification (residential addiction program outpatient) - ASAM Level III. 2-D			\$171.78					
H0014		Adult Substance Use - Ambulatory Detoxification - ASAM Level II -D			\$121.39					
H0015		Adult Substance Use - Intensive Outpatient (IOP)- dual diagnosis capable - ASAM Level II. 1 (Per hour rate)			\$27.22					
H0018	HF	Adult Substance Use - Short-Term Non-hospital Residential Treatment Program -dual diagnosis capable - ASAM High residential Level III.5 (per diem) W/O room & board			\$185.59					
H0018	HH	Adult Substance Use - Non-hospital Residential Treatment Program - dual diagnosis capable - ASAM High residential Level III.5 (per diem) W/O room & board			\$211.76					
H0019		Adult Substance Use - Long-term Residential >30 days - dual diagnosis capable - ASAM Medium residential Level III.3 (per diem) W/O room & board			\$152.66					
H0019	TT	Adult Substance Use - Long-term Residential Treatment Program - dual diagnosis capable - ASAM Medium residential Level III.3 (per diem)			\$137.34					
H0035		Adult Substance Use - Partial Hospitalization Treatment > 24 hours - ASAM Level II.5 (per diem)			\$72.64					
H0036		Community Treatment Aide (CTA) (per 15 min.)								
H0040		Assertive Community Treatment Program (ACT) - (MRO) (per diem)								
H0040	52	(Alternate) Assertive Community Treatment Program (ACT) - (MRO) (per diem)								
H2000		Comprehensive Multidisciplinary Evaluation (CCAA)								
H2000	U1	Comprehensive Multidisciplinary Evaluation (CCAA) - room & board 3 unit max.								
H2000	52	Comprehensive Multidisciplinary Evaluation (CCAA) - Addendum								
H2012		Partial Hospitalization - minimum 6 units (per hour rate)								
H2012	52	Partial Hospitalization - maximum 3 units (per hour rate)				\$42.37				
H2012		Partial Hospitalization - minimum 6 units (per hour rate)								

CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	35 MH Home Health	41 Assert Comm	44 Comm Suppt
H2013		Psychiatric Residential Treatment Facility (PRTF) Hospital- Based (per diem)	\$396.56						
H2013	UA	Psychiatric Residential Treatment Facility (PRTF) Hospital- Based: TLD:Home (per diem)	\$396.56						
H2013	UB	Psychiatric Residential Treatment Facility (PRTF) Hospital- Based: TLD: ICD-Psych (per diem)	\$396.56						
H2013	UC	Psychiatric Residential Treatment Facility (PRTF) Hospital- Based: TLD: ICD-Med/Surg (per diem)	\$396.56						
H2014		Intensive Outpatient (IOP) - Direct Care Staff (rate per 15 min.)		\$7.07	\$7.07				
H2015	HE	Community Support Services - mental health - (MRO) (rate per 15 min.)							\$20.45
H2015	HF	Community Support Services - substance use - (MRO) (rate per 15 min.)							
H2017		Day Rehabilitation Services - (MRO) - minimum 12 units - (rate per 15 min.)							
H2018		Day Rehabilitation Services - full day - (MRO) - (per diem)							
H2018	HK	Secure Residential Rehabilitation Services - (MRO) - (per diem)							
H2018	TG	Residential Rehabilitation Services - (MRO) - (per diem)							
H2020		Therapeutic Group Home (ThGH) (per diem)							
H2020	UA	Therapeutic Group Home (ThGH): TLD: Home (per diem)							
H2020	UB	Therapeutic Group Home (ThGH): TLD: ICD-Psych (per diem)							
H2020	UC	Therapeutic Group Home (ThGH): TLD: ICD-Med/Surg (per diem)							
H2027		Day Treatment - Direct Care Staff (rate per 15 min unit)							
H2034		Adult Substance Use - Halfway House - ASAM Level III.1 (per diem)							
J0400		Injection - Aripiprazole 0.25 mg (Abilify)	\$0.34						
J1630		Injection - Haloperidol - up to 5mg (Haldol)	\$2.27	\$2.27	\$2.27	\$2.27			
J1631		Injection - Haloperidol Decanoate - per 50mg (Haldol Decanoate)	\$3.89	\$3.89	\$3.89	\$3.89			
J2680		Injection - Fluphenazine Decanoate - up to 25mg (Prolixin Decanoate)	\$3.04	\$3.04	\$3.04	\$3.04			
J2426		Paliperidone Palmitate 1mg (Invega) by Invoice							
J2315		Naltrexone Depot 1mg (Vivitrol) Invoice							
J2794		Risperidone, 0.5mg (Risperdal Consta) Invoice							
S0166		Injection - Olanzapine 2.5mg (Zyprexa)	\$7.27	\$7.27	\$7.27	\$7.27			
S9123		In-home Nursing Care (per hour)				\$34.37			
S9480		Adult Intensive Outpatient (IOP) - 3 hour minimum (per diem)	\$101.07	\$101.07	\$101.07				
S9484		Observation Room 1-8 hrs. (hourly)	\$33.79						
S9484		Observation Room 9-16 hrs. (hourly)	\$27.07						

CODE	MOD	DESCRIPTION	45 Day Rehab	46 Res Rehab	47 Sub Use Center	77 Day Treat	79 Treat Crisis	81 ThGh	86 PRFC	87 PRTF
H2013		Psychiatric Residential Treatment Facility (PRTF) Hospital- Based (per diem)								
H2013	UA	Psychiatric Residential Treatment Facility (PRTF) Hospital- Based: TLD:Home (per diem)								
H2013	UB	Psychiatric Residential Treatment Facility (PRTF) Hospital- Based: TLD: ICD-Psych (per diem)								
H2013	UC	Psychiatric Residential Treatment Facility (PRTF) Hospital- Based: TLD: ICD-Med/Surg (per diem)								
H2014		Intensive Outpatient (IOP) - Direct Care Staff (rate per 15 min.)								
H2015	HE	Community Support Services - mental health - (MRO) (rate per 15 min.)								
H2015	HF	Community Support Services - substance use (MRO) (rate per 15 min.)			\$20.45					
H2017		Day Rehabilitation Services - (MRO) - minimum 12 units - (rate per 15 min.)	\$2.26							
H2018		Day Rehabilitation Services - full day - (MRO) - (per diem)	\$54.44							
H2018	HK	Secure Residential Rehabilitation Services - (MRO) - (per diem)		\$337.29						
H2018	TG	Residential Rehabilitation Services - (MRO) - (per diem)		\$111.35						
H2020		Therapeutic Group Home (ThGH) (per diem)						\$158.74		
H2020	UA	Therapeutic Group Home (ThGH): TLD: Home (per diem)						\$158.74		
H2020	UB	Therapeutic Group Home (ThGH): TLD: ICD-Psych (per diem)						\$158.74		
H2020	UC	Therapeutic Group Home (ThGH): TLD: ICD-Med/Surg (per diem)						\$158.74		
H2027		Day Treatment - Direct Care Staff (rate per 15 min unit)				\$11.04				
H2034		Adult Substance Use - Halfway House - ASAM Level III.1 (per diem)			\$63.10					
J0400		Injection - Aripiprazole 0.25 mg (Abilify)								
J1630		Injection - Haloperidol - up to 5mg (Haldol)								
J1631		Injection - Haloperidol Decanoate - per 50mg (Haldol Decanoate)								
J2680		Injection - Fluphenazine Decanoate - up to 25mg (Prolixin Decanoate)								
J2426		Paliperidone Palmitate 1mg (Invega) by Invoice								
J2315		Naltrexone Depot 1mg (Vivitrol) Invoice								
J2794		Risperidone, 0.5mg (Risperdal Consta) Invoice								
S0166		Injection - Olanzapine 2.5mg (Zyprexa)		\$7.27						
S9123		In-home Nursing Care (per hour)								
S9480		Adult Intensive Outpatient (IOP) - 3 hour minimum (per diem)								
S9484		Observation Room 1-8 hrs. (hourly)					\$33.79			
S9484		Observation Room 9-16 hrs. (hourly)					\$27.07			

CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	35 MH Home Health	41 Assert Comm	44 Comm Suppt
S9484		Observation Room 17-23:59 hrs. (hourly)	\$6.73						
S9485		Crisis Intervention Mental Health Services (per diem) Tier 1	\$347.50						
S9485		Crisis Intervention Mental Health Services (per diem) Tier 2	\$335.85						
S9485		Crisis Intervention Mental Health Services (per diem) Tier 3	\$324.64						
S9485		Crisis Intervention Mental Health Services (per diem) Tier 4	\$313.45						
T1013		Oral Interpretive Service (rate per 15 min.)		\$6.99	\$6.99				
T1013	SC	Sign Language Service (rate per 15 min.)		\$9.80	\$9.80				
T1014		Telehealth transmission (per minute)	\$ 0.08	\$ 0.08	\$ 0.08				
T1027		Professional Resource Family Care (PRFC) - Direct Care Staff (per diem)							
T1027	UA	Professional Resource Family Care (PRFC) - therapeutic leave day home (per diem)							
T1027	UB	Professional Resource Family Care (PRFC) - therapeutic leave day psych (per diem)							
T1027	UC	Professional Resource Family Care (PRFC) - therapeutic leave day (per diem)							
T2033		Psychiatric Residential Treatment Facility (PRTF) - Specialty (per diem)							
T2033	UA	Psychiatric Residential Treatment Facility (PRTF) - Specialty: TLD:Home (per diem)							
T2033	UB	Psychiatric Residential Treatment Facility (PRTF) - Specialty: TLD: ICD-Psych (per diem)							
T2033	UC	Psychiatric Residential Treatment Facility (PRTF) - Specialty: TLD: ICD-Med/Surg (per diem)							
T2048		Psychiatric Residential Treatment Facility (PRTF) - Community Based - Non-Specialty (per diem)							
T2048	UA	Psychiatric Residential Treatment Facility (PRTF) - Community Based - Non-Specialty: TLD:Home (per diem)							
T2048	UB	Psychiatric Residential Treatment Facility (PRTF) - Community Based - Non-Specialty: TLD: ICD-Psych (per diem)							
T2048	UC	Psychiatric Residential Treatment Facility (PRTF) - Community Based - Non-Specialty: TLD: ICD-Med/Surg (per diem)							
		Acute Inpatient Hospitalization per diem Days 1-2	\$699.58						
		Acute Inpatient Hospitalization per diem Days 3-4	\$646.69						
		Acute Inpatient Hospitalization per diem Days 5-6	\$617.29						
		Acute Inpatient Hospitalization per diem Days 7+	\$587.91						
		Sub-Acute Inpatient Hospitalization (per diem)	\$521.68						

CODE	MOD	DESCRIPTION	45 Day Rehab	46 Res Rehab	47 Sub Use Center	77 Day Treat	79 Treat Crisis	81 ThGh	86 PRFC	87 PRTF
S9484		Observation Room 17-23:59 hrs. (hourly)					\$6.73			
S9485		Crisis Intervention Mental Health Services (per diem) Tier 1					\$347.50			
S9485		Crisis Intervention Mental Health Services (per diem) Tier 2								
S9485		Crisis Intervention Mental Health Services (per diem) Tier 3								
S9485		Crisis Intervention Mental Health Services (per diem) Tier 4								
T1013		Oral Interpretive Service (rate per 15 min.)			\$6.99					
T1013	SC	Sign Language Service (rate per 15 min.)			\$9.80					
T1014		Telehealth transmission (per minute)								
T1027		Professional Resource Family Care (PRFC) - Direct Care Staff (per diem)							\$55.55	
T1027	UA	Professional Resource Family Care (PRFC) - therapeutic leave day home (per diem)							\$55.55	
T1027	UB	Professional Resource Family Care (PRFC) - therapeutic leave day psych (per diem)							\$55.55	
T1027	UC	Professional Resource Family Care (PRFC) - therapeutic leave day (per diem)							\$55.55	
T2033		Psychiatric Residential Treatment Facility (PRTF) - Specialty (per diem)								\$313.91
T2033	UA	Psychiatric Residential Treatment Facility (PRTF) - Specialty: TLD:Home (per diem)								\$313.91
T2033	UB	Psychiatric Residential Treatment Facility (PRTF) - Specialty: TLD: ICD-Psych (per diem)								\$313.91
T2033	UC	Psychiatric Residential Treatment Facility (PRTF) - Specialty: TLD: ICD-Med/Surg (per diem)								\$313.91
T2048		Psychiatric Residential Treatment Facility (PRTF) - Community Based - Non-Specialty (per diem)								\$295.03
T2048	UA	Psychiatric Residential Treatment Facility (PRTF) - Community Based - Non-Specialty: TLD:Home (per diem)								\$295.03
T2048	UB	Psychiatric Residential Treatment Facility (PRTF) - Community Based - Non-Specialty: TLD: ICD-Psych (per diem)								\$295.03
T2048	UC	Psychiatric Residential Treatment Facility (PRTF) - Community Based - Non-Specialty: TLD: ICD-Med/Surg (per diem)								\$295.03
		Acute Inpatient Hospitalization per diem Days 1-2								
		Acute Inpatient Hospitalization per diem Days 3-4								
		Acute Inpatient Hospitalization per diem Days 5-6								
		Acute Inpatient Hospitalization per diem Days 7+								
		Sub-Acute Inpatient Hospitalization (per diem)								

CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	30 RN	36 LMHP	37 PLMHP
90791		Initial Diagnostic Interview	\$ 131.01	\$ 131.01	\$ 123.15	\$ 123.15			
90791	GT	Initial Diagnostic Interview (telehealth)	\$ 131.01	\$ 131.01	\$ 123.15	\$ 123.15			
90792		Initial Diagnostic Interview (with med services)	\$ 131.01	\$ 131.01	\$ 123.15	\$ 123.15			
90832		Individual psychotherapy - 30 min.	\$ 66.55	\$ 66.55	\$ 53.29	\$ 53.29	\$ 46.59	\$ 46.59	\$ 44.59
90832	U2	Individual psychotherapy - 30 min. (PRFC)	\$ 66.55	\$ 66.55	\$ 53.24	\$ 53.24		\$ 46.59	\$ 44.59
90832	U3	Individual psychotherapy - 30 min. (Day Treatment)	\$ 66.55	\$ 66.55	\$ 53.24	\$ 53.24		\$ 46.59	\$ 44.59
90832	U4	Individual psychotherapy -30 min. (IOP-Facility)	\$ 66.55	\$ 66.55	\$ 53.24	\$ 53.24		\$ 46.59	\$ 44.59
90832	U5	Individual psychotherapy - 30 min. (IOP-Home based)	\$ 66.55	\$ 66.55	\$ 53.24	\$ 53.24		\$ 46.59	\$ 44.59
90832	U6	Individual psychotherapy - 30 min. (ThGh)	\$ 66.55	\$ 66.55	\$ 53.24	\$ 53.24		\$ 46.59	\$ 44.59
90833		Individual psychotherapy - 30 min. + E/M code	\$ 59.74	\$ 59.74	\$ 41.26	\$ 41.26			
90833	GT	Individual psychotherapy - 30 min. + E/M code (telehealth)	\$ 59.74	\$ 59.74	\$ 41.88	\$ 41.88			
90833	U4	Individual psychotherapy - 30 min. (IOP-Facility) + E/M code	\$ 58.93	\$ 58.93	\$ 41.84	\$ 41.84			
90833	U5	Individual psychotherapy - 30 min. (IOP-Home based) + E/M code	\$ 58.93	\$ 58.93	\$ 41.84	\$ 41.84			
90834		Individual psychotherapy - 45 min.	\$ 93.03	\$ 93.03	\$ 74.42	\$ 74.42	\$ 64.08	\$ 64.08	\$ 60.98
90834	U2	Individual psychotherapy - 45 min. (PRFC)	\$ 93.03	\$ 93.03	\$ 74.42	\$ 74.42		\$ 64.08	\$ 60.98
90834	U3	Individual psychotherapy - 45 min. (Day Treatment)	\$ 93.03	\$ 93.03	\$ 74.42	\$ 74.42		\$ 64.08	\$ 60.98
90834	U4	Individual psychotherapy -45 min. (IOP-Facility)	\$ 93.03	\$ 93.03	\$ 74.42	\$ 74.42		\$ 64.08	\$ 60.98
90834	U5	Individual psychotherapy - 45 min. (IOP-Home based)	\$ 93.03	\$ 93.03	\$ 74.42	\$ 74.42		\$ 64.08	\$ 60.98
90834	U6	Individual psychotherapy - 45 min. (ThGh)	\$ 93.03	\$ 93.03	\$ 74.42	\$ 74.42		\$ 64.08	\$ 60.98
90836		Individual psychotherapy - 45 min. + E/M code	\$ 78.25	\$ 78.25	\$ 51.31	\$ 51.31			
90836	U4	Individual psychotherapy - 45 min. (IOP-Facility) + E/M code	\$ 78.51	\$ 78.51	\$ 50.86	\$ 50.86			
90836	U5	Individual psychotherapy - 45 min. (IOP-Home based) + E/M code	\$ 78.51	\$ 78.51	\$ 50.86	\$ 50.86			
90837		Individual psychotherapy - 60 min.	\$ 137.18	\$ 137.18	\$ 109.43	\$ 109.43	\$ 107.89	\$ 95.56	\$ 90.94
90837	U2	Individual psychotherapy - 60 min. (PRFC)	\$ 137.18	\$ 137.18	\$ 109.43	\$ 109.43		\$ 95.56	\$ 90.94
90837	U3	Individual psychotherapy - 60 min. (Day Treatment)	\$ 137.18	\$ 137.18	\$ 109.43	\$ 109.43		\$ 95.56	\$ 90.94
90837	U4	Individual psychotherapy - 60 min. (IOP-Facility)	\$ 137.18	\$ 137.18	\$ 109.43	\$ 109.43		\$ 95.56	\$ 90.94
90837	U5	Individual psychotherapy - 60 min. (IOP-Home based)	\$ 137.18	\$ 137.18	\$ 109.43	\$ 109.43		\$ 95.56	\$ 90.94
90837	U6	Individual psychotherapy - 60 min. (ThGh)	\$ 137.18	\$ 137.18	\$ 109.43	\$ 109.43		\$ 95.56	\$ 90.94
90838		Individual psychotherapy - 60 min. + E/M code	\$ 125.31	\$ 125.31	\$ 101.21	\$ 101.21			
90838	U4	Individual psychotherapy - 60 min. (IOP-Facility) + E/M code	\$ 111.85	\$ 111.85	\$ 98.43	\$ 98.43			
90838	U5	Individual psychotherapy - 60 min. (IOP-Home based) + E/M code	\$ 111.85	\$ 111.85	\$ 98.43	\$ 98.43			

CPT Code	Modifier	Description	38 Phd CAND	39 LIMHP	57 Phd PROV	58 PLADC	64 S Phd	67 Phd	78 LADC
90791		Initial Diagnostic Interview			\$ 87.78		\$ 87.78	\$ 102.19	
90791	GT	Initial Diagnostic Interview (telehealth)			\$ 87.78		\$ 87.78	\$ 102.19	
90792		Initial Diagnostic Interview (with med services)							
90832		Individual psychotherapy - 30 min.	\$ 44.59	\$ 46.59	\$ 52.58		\$ 52.58	\$ 55.24	\$ 46.59
90832	U2	Individual psychotherapy - 30 min. (PRFC)	\$ 44.59	\$ 46.59	\$ 52.58		\$ 52.58	\$ 55.25	\$ 46.59
90832	U3	Individual psychotherapy - 30 min. (Day Treatment)	\$ 44.59	\$ 46.59	\$ 52.58		\$ 52.58	\$ 55.24	\$ 46.59
90832	U4	Individual psychotherapy -30 min. (IOP-Facility)	\$ 44.59	\$ 46.59	\$ 52.58		\$ 52.58	\$ 55.24	\$ 46.59
90832	U5	Individual psychotherapy - 30 min. (IOP-Home based)	\$ 44.59	\$ 46.59	\$ 52.58		\$ 52.58	\$ 55.24	\$ 46.59
90832	U6	Individual psychotherapy - 30 min. (ThGh)	\$ 44.59	\$ 46.59	\$ 52.58		\$ 52.58	\$ 55.24	\$ 46.59
90833		Individual psychotherapy - 30 min. + E/M code							
90833	GT	Individual psychotherapy - 30 min. + E/M code (telehealth)							
90833	U4	Individual psychotherapy - 30 min. (IOP-Facility) + E/M code							
90833	U5	Individual psychotherapy - 30 min. (IOP-Home based) + E/M code							
90834		Individual psychotherapy - 45 min.	\$ 60.98	\$ 64.08	\$ 73.39		\$ 73.39	\$ 77.52	\$ 64.08
90834	U2	Individual psychotherapy - 45 min. (PRFC)	\$ 60.98	\$ 64.08	\$ 73.39		\$ 73.39	\$ 77.52	\$ 64.08
90834	U3	Individual psychotherapy - 45 min. (Day Treatment)	\$ 60.98	\$ 64.08	\$ 73.39		\$ 73.39	\$ 77.52	\$ 64.08
90834	U4	Individual psychotherapy -45 min. (IOP-Facility)	\$ 60.98	\$ 64.08	\$ 73.39		\$ 73.39	\$ 77.52	\$ 64.08
90834	U5	Individual psychotherapy - 45 min. (IOP-Home based)	\$ 60.98	\$ 64.08	\$ 73.39		\$ 73.39	\$ 77.52	\$ 64.08
90834	U6	Individual psychotherapy - 45 min. (ThGh)	\$ 60.98	\$ 64.08	\$ 73.39		\$ 73.39	\$ 77.52	\$ 64.08
90836		Individual psychotherapy - 45 min. + E/M code							
90836	U4	Individual psychotherapy - 45 min. (IOP-Facility) + E/M code							
90836	U5	Individual psychotherapy - 45 min. (IOP-Home based) + E/M code							
90837		Individual psychotherapy - 60 min.	\$ 90.94	\$ 95.56	\$ 109.43		\$ 109.43	\$ 114.06	\$ 95.56
90837	U2	Individual psychotherapy - 60 min. (PRFC)	\$ 90.94	\$ 95.56	\$ 109.43		\$ 109.43	\$ 114.06	\$ 95.56
90837	U3	Individual psychotherapy - 60 min. (Day Treatment)	\$ 90.94	\$ 95.56	\$ 109.43		\$ 109.43	\$ 114.06	\$ 95.56
90837	U4	Individual psychotherapy - 60 min. (IOP-Facility)	\$ 90.94	\$ 95.56	\$ 109.43		\$ 109.43	\$ 114.06	\$ 95.56
90837	U5	Individual psychotherapy - 60 min. (IOP-Home based)	\$ 90.94	\$ 95.56	\$ 109.43		\$ 109.43	\$ 114.06	\$ 95.56
90837	U6	Individual psychotherapy - 60 min. (ThGh)	\$ 90.94	\$ 95.56	\$ 109.43		\$ 109.43	\$ 114.06	\$ 95.56
90838		Individual psychotherapy - 60 min. + E/M code							
90838	U4	Individual psychotherapy - 60 min. (IOP-Facility) + E/M code							
90838	U5	Individual psychotherapy - 60 min. (IOP-Home based) + E/M code							

CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	30 RN	36 LMHP	37 PLMHP
90839		Individual psychotherapy - Crisis (1st hour)	\$ 124.52	\$ 124.52	\$ 99.62	\$ 99.62	\$ 85.92	\$ 85.92	\$ 82.18
90840		Individual psychotherapy - Crisis (additional 30 min./ add to 90839)	\$ 50.76	\$ 50.76	\$ 40.61	\$ 40.61	\$ 36.55	\$ 36.55	\$ 35.03
90846		Family psychotherapy (w/o client present) - office	\$ 115.54	\$ 115.54	\$ 83.26	\$ 83.26	\$ 83.26	\$ 83.26	\$ 81.56
90846	HA	Family psychotherapy (w/o client present) - home based	\$ 115.54	\$ 115.54	\$ 83.26	\$ 83.26		\$ 83.26	\$ 81.56
90846	U2	Family psychotherapy (w/o client present) - PRFC	\$ 115.54	\$ 115.54	\$ 83.26	\$ 83.26		\$ 83.26	\$ 81.56
90846	U3	Family psychotherapy (w/o client present) - Day Treatment	\$ 115.54	\$ 115.54	\$ 83.26	\$ 83.26		\$ 83.26	\$ 81.56
90846	U4	Family psychotherapy (w/o client present) - IOP - Facility based	\$ 115.54	\$ 115.54	\$ 83.26	\$ 83.26		\$ 83.26	\$ 81.56
90846	U5	Family psychotherapy (w/o client present) - IOP - Home based	\$ 115.54	\$ 115.54	\$ 83.26	\$ 83.26		\$ 83.26	\$ 81.56
90846	U6	Family psychotherapy (w/o client present) - ThGh	\$ 115.54	\$ 115.54	\$ 83.26	\$ 83.26		\$ 83.26	\$ 81.56
90847		Family psychotherapy (with client present)	\$ 122.34	\$ 122.34	\$ 96.85	\$ 96.85	\$ 84.96	\$ 84.96	\$ 81.56
90847	ET	Family psychotherapy (with client present) - Crisis	\$ 122.34	\$ 122.34	\$ 96.85	\$ 96.85	\$ 84.96	\$ 84.96	\$ 81.56
90847	HA	Family psychotherapy (with client present) - Home based	\$ 124.04	\$ 124.04	\$ 100.25	\$ 100.25		\$ 88.36	\$ 83.26
90847	U2	Family psychotherapy (with client present) - PRFC	\$ 122.34	\$ 122.34	\$ 96.85	\$ 96.85		\$ 84.96	\$ 84.96
90847	U3	Family psychotherapy (with client present) - Day Treatment	\$ 122.34	\$ 122.34	\$ 96.85	\$ 96.85	\$ 84.96	\$ 84.96	\$ 84.96
90847	U4	Family psychotherapy (with client present) - IOP - Facility based	\$ 122.34	\$ 122.34	\$ 96.85	\$ 96.85		\$ 84.96	\$ 81.56
90847	U5	Family psychotherapy (with client present) - IOP - Home based	\$ 122.34	\$ 122.34	\$ 96.85	\$ 96.85		\$ 84.96	\$ 81.56
90847	U6	Family psychotherapy (with client present) - ThGh	\$ 122.34	\$ 122.34	\$ 96.85	\$ 96.85		\$ 84.96	\$ 81.56
90847	U7	Parent Child Interaction Therapy (PCIT)	\$ 122.34	\$ 122.34	\$ 96.85	\$ 96.85		\$ 84.96	\$ 81.56
90847	U8	Child-Parent Psychotherapy (CPP)	\$ 122.34	\$ 122.34	\$ 96.85	\$ 96.85	\$ 84.96	\$ 84.96	\$ 81.56
90853		Group psychotherapy	\$ 36.88	\$ 36.88	\$ 29.56	\$ 29.56	\$ 25.29	\$ 25.29	\$ 24.38
90853	U2	Group psychotherapy - PRFC	\$ 36.88	\$ 36.88	\$ 29.56	\$ 29.56		\$ 25.29	\$ 24.68
90853	U3	Group psychotherapy - Day Treatment	\$ 36.88	\$ 36.88	\$ 29.56	\$ 29.56	\$ 25.29	\$ 25.29	\$ 24.38
90853	U4	Group psychotherapy - IOP - Facility based	\$ 36.88	\$ 36.88	\$ 29.56	\$ 29.56	\$ 25.29	\$ 25.29	\$ 24.38
90853	U6	Group psychotherapy - ThGh	\$ 36.88	\$ 36.88	\$ 29.56	\$ 29.56		\$ 25.29	\$ 24.38
90870		Electroconvulsive Therapy - ECT (Includes Necessary Monitoring)	\$ 56.15	\$ 56.15					
90887		Conference regarding client treatment	\$ 27.65	\$ 27.65	\$ 22.28	\$ 22.28	\$ 16.92	\$ 16.92	\$ 16.51
90887	U5	In-home Conf. regarding client treatment	\$ 27.65	\$ 27.65	\$ 22.70	\$ 22.70	\$ 16.92	\$ 16.92	\$ 16.51
96101		Psychological Testing - 1 hour							
96101	52	Psychological Testing - 1/2 hour							
96372		Therapeutic Injection	\$ 9.70	\$ 9.70	\$ 9.70	\$ 9.70			
99211		Established patient Evaluation/Management - office or outpatient visit	\$ 31.48	\$ 31.48	\$ 28.00	\$ 28.00			
99212		Established patient Evaluation/Management - office or outpatient visit (focused)	\$ 47.41	\$ 47.41	\$ 40.25	\$ 40.25			
99213		Established patient Evaluation/Management - office or outpatient visit (low complexity)	\$ 62.65	\$ 62.65	\$ 53.63	\$ 53.63			

CPT Code	Modifier	Description	38 Phd CAND	39 LIMHP	57 Phd PROV	58 PLADC	64 S Phd	67 Phd	78 LADC
90839		Individual psychotherapy - Crisis (1st hour)		\$ 85.92	\$ 98.37	\$ 82.18	\$ 98.37	\$ 103.35	\$ 85.92
90840		Individual psychotherapy - Crisis (additional 30 min./ add to 90839)		\$ 40.10	\$ 40.10	\$ 35.03	\$ 40.10	\$ 42.13	\$ 36.55
90846		Family psychotherapy (w/o client present) - office		\$ 83.26	\$ 90.06		\$ 90.06	\$ 93.45	\$ 83.26
90846	HA	Family psychotherapy (w/o client present) - home based	\$ 83.26	\$ 83.26	\$ 90.06		\$ 90.06	\$ 93.45	\$ 83.26
90846	U2	Family psychotherapy (w/o client present) - PRFC	\$ 83.26	\$ 83.26	\$ 90.06		\$ 90.06	\$ 93.45	\$ 83.26
90846	U3	Family psychotherapy (w/o client present) - Day Treatment	\$ 83.26	\$ 83.26	\$ 90.06		\$ 90.06	\$ 93.45	
90846	U4	Family psychotherapy (w/o client present) - IOP - Facility based	\$ 83.26	\$ 83.26	\$ 90.06		\$ 90.06	\$ 93.45	\$ 83.26
90846	U5	Family psychotherapy (w/o client present) - IOP - Home based	\$ 83.26	\$ 83.26	\$ 90.06		\$ 90.06	\$ 93.45	\$ 83.26
90846	U6	Family psychotherapy (w/o client present) - ThGh	\$ 83.26	\$ 83.26	\$ 90.06		\$ 90.06	\$ 93.45	\$ 83.26
90847		Family psychotherapy (with client present)		\$ 84.96	\$ 95.15		\$ 95.15	\$ 100.25	\$ 84.96
90847	ET	Family psychotherapy (with client present) - Crisis		\$ 84.96	\$ 95.15		\$ 95.15	\$ 100.25	\$ 84.96
90847	HA	Family psychotherapy (with client present) - Home based	\$ 83.26	\$ 88.36	\$ 98.55		\$ 98.55	\$ 103.65	
90847	U2	Family psychotherapy (with client present) - PRFC	\$ 81.56	\$ 84.96	\$ 95.15		\$ 95.15	\$ 100.25	\$ 84.96
90847	U3	Family psychotherapy (with client present) - Day Treatment	\$ 81.56	\$ 84.96	\$ 95.15		\$ 95.15	\$ 100.25	\$ 84.96
90847	U4	Family psychotherapy (with client present) - IOP - Facility based	\$ 84.96	\$ 84.96	\$ 95.15		\$ 95.15	\$ 100.25	\$ 84.96
90847	U5	Family psychotherapy (with client present) - IOP - Home based	\$ 84.96	\$ 84.96	\$ 95.15		\$ 95.15	\$ 100.25	\$ 84.96
90847	U6	Family psychotherapy (with client present) - ThGh	\$ 84.96	\$ 84.96	\$ 95.15		\$ 95.15	\$ 100.25	\$ 84.96
90847	U7	Parent Child Interaction Therapy (PCIT)	\$ 84.96	\$ 84.96	\$ 95.15		\$ 95.15	\$ 100.25	\$ 84.96
90847	U8	Child-Parent Psychotherapy (CPP)		\$ 84.96	\$ 95.15		\$ 95.15	\$ 100.25	
90853		Group psychotherapy		\$ 25.29	\$ 29.56		\$ 29.26	\$ 30.78	\$ 25.29
90853	U2	Group psychotherapy - PRFC	\$ 25.29	\$ 25.29	\$ 29.26		\$ 29.26	\$ 30.78	\$ 25.29
90853	U3	Group psychotherapy - Day Treatment	\$ 25.29	\$ 25.29	\$ 29.26		\$ 29.26	\$ 30.78	\$ 25.29
90853	U4	Group psychotherapy - IOP - Facility based	\$ 25.29	\$ 25.29	\$ 29.56		\$ 29.26	\$ 30.78	\$ 25.29
90853	U6	Groupt psychotherapy - ThGh	\$ 25.29	\$ 25.29	\$ 29.56		\$ 29.26	\$ 30.78	\$ 25.29
90870		Electroconvulsive Therapy - ECT (Includes Necessary Monitoring)							
90887		Conference regarding client treatment		\$ 16.92	\$ 16.51		\$ 22.70	\$ 22.70	\$ 16.92
90887	U5	In-home Conf. regarding client treatment		\$ 16.92	\$ 16.51		\$ 22.70	\$ 22.70	\$ 16.51
96101		Psychological Testing - 1 hour			\$ 88.16			\$ 90.14	
96101	52	Psychological Testing - 1/2 hour			\$ 43.58			\$ 45.07	
96372		Therapeutic Injection							
99211		Established patient Evaluation/Management - office or outpatient visit							
99212		Established patient Evaluation/Management - office or outpatient visit (focused)							
99213		Established patient Evaluation/Management - office or outpatient visit (low complexity)							

CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	30 RN	36 LMHP	37 PLMHP
99214		Established patient Evaluation/Management - office or outpatient visit (moderate complexity)	\$ 86.08	\$ 86.08	\$ 73.20	\$ 73.20			
99215		Established patient Evaluation/Management - office or outpatient visit (high complexity)	\$ 86.25	\$ 86.25	\$ 73.65	\$ 73.65			
99221		Initial inpatient hospital care - per day Evaluation/Management (low complexity)	\$ 48.12	\$ 48.12	\$ 40.90	\$ 40.90			
99222		Initial inpatient hospital care - per day Evaluation/Management (moderate complexity)	\$ 74.53	\$ 74.53	\$ 62.67	\$ 62.67			
99223		Initial inpatient hospital care - per day Evaluation/Management (high complexity)	\$ 91.07	\$ 91.07	\$ 77.90	\$ 77.90			
99231		Subsequent inpatient hospital care - per day Evaluation/Management (focused)	\$ 29.74	\$ 29.74	\$ 25.12	\$ 25.12			
99232		Subsequent inpatient hospital care - per day Evaluation/Management (expanded)	\$ 44.35	\$ 44.35	\$ 37.88	\$ 37.88			
99233		Subsequent inpatient hospital care - per day Evaluation/Management (detailed)	\$ 53.13	\$ 53.13	\$ 44.66	\$ 44.66			
99241		Office Consultation outpatient (focused)	\$ 46.66	\$ 46.66	\$ 39.73	\$ 39.73			
99242		Office Consultation outpatient (expanded)	\$ 53.66	\$ 53.66	\$ 45.81	\$ 45.81			
99243		Office Consultation outpatient (detailed)	\$ 88.08	\$ 88.08	\$ 74.53	\$ 74.53			
99244		Office Consultation outpatient (comprehensive - moderate complexity)	\$ 97.02	\$ 97.02	\$ 81.92	\$ 81.92			
99245		Office Consultation outpatient (comprehensive - high complexity)	\$ 96.55	\$ 96.55	\$ 81.92	\$ 81.92			
99251		Inpatient Consultation (focused)	\$ 49.54	\$ 49.54	\$ 42.04	\$ 42.04			
99252		Inpatient Consultation (expanded)	\$ 61.67	\$ 61.67	\$ 52.66	\$ 52.66			
99253		Inpatient Consultation (detailed)	\$ 88.55	\$ 88.55	\$ 75.26	\$ 75.26			
99254		Inpatient Consultation (comprehensive - moderate complexity)	\$ 103.95	\$ 103.95	\$ 88.93	\$ 88.93			
99255		Inpatient Consultation (comprehensive - high complexity)	\$ 118.58	\$ 118.58	\$ 100.10	\$ 100.10			
H0001		Substance Use Assessment	\$ 221.57	\$ 221.57	\$ 184.64	\$ 184.64		\$ 184.64	
H0001	52	Substance Use Assessment - Addendum	\$ 66.04	\$ 66.04	\$ 66.04	\$ 66.04		\$ 66.04	
H0002		Bio-psychosocial Assessment	\$ 221.57	\$ 221.57	\$ 184.64	\$ 184.64	\$ 184.64	\$ 184.64	\$ 180.95
H0002	52	Bio-psychosocial Assessment - Addendum	\$ 66.04	\$ 66.04	\$ 66.04	\$ 66.04	\$ 66.04	\$ 66.04	\$ 64.71
H0031	AH	Annual Supervision Assessment by Psychologist							
H0031	HO	Initial Diagnostic Interview by LIMHP							
H0031	52	Annual Supervision Assessment by LIMHP							
H1011		Family Assessment	\$ 70.68	\$ 70.68	\$ 70.68	\$ 70.68	\$ 70.68	\$ 70.68	\$ 68.38
J0400		Injection - Aripiprazole 0.25 mg (Abilify)	\$ 0.34	\$ 0.34	\$ 0.34	\$ 0.34			
J1630		Injection - Haloperidol - up to 5mg (Haldol)	\$ 2.26	\$ 2.26	\$ 2.26	\$ 2.26			

CPT Code	Modifier	Description	38 PhD CAND	39 LIMHP	57 PhD PROV	58 PLADC	64 S PhD	67 PhD	78 LADC
99214		Established patient Evaluation/Management - office or outpatient visit (moderate complexity)							
99215		Established patient Evaluation/Management - office or outpatient visit (high complexity)							
99221		Initial inpatient hospital care - per day Evaluation/Management (low complexity)							
99222		Initial inpatient hospital care - per day Evaluation/Management (moderate complexity)							
99223		Initial inpatient hospital care - per day Evaluation/Management (high complexity)							
99231		Subsequent inpatient hospital care - per day Evaluation/Management (focused)							
99232		Subsequent inpatient hospital care - per day Evaluation/Management (expanded)							
99233		Subsequent inpatient hospital care - per day Evaluation/Management (detailed)							
99241		Office Consultation outpatient (focused)							
99242		Office Consultation outpatient (expanded)							
99243		Office Consultation outpatient (detailed)							
99244		Office Consultation outpatient (comprehensive - moderate complexity)							
99245		Office Consultation outpatient (comprehensive - high complexity)							
99251		Inpatient Consultation (focused)							
99252		Inpatient Consultation (expanded)							
99253		Inpatient Consultation (detailed)							
99254		Inpatient Consultation (comprehensive - moderate complexity)							
99255		Inpatient Consultation (comprehensive - high complexity)							
H0001		Substance Use Assessment		\$ 184.64	\$ 216.03		\$ 216.03	\$ 221.57	\$ 184.64
H0001	52	Substance Use Assessment - Addendum		\$ 66.04	\$ 64.71		\$ 64.71	\$ 66.04	\$ 66.04
H0002		Bio-psychosocial Assessment		\$ 184.64	\$ 216.03		\$ 216.03	\$ 221.57	
H0002	52	Bio-psychosocial Assessment - Addendum		\$ 66.04	\$ 64.71		\$ 64.71	\$ 66.04	
H0031	AH	Annual Supervision Assessment by Psychologist						\$ 82.23	
H0031	HO	Initial Diagnostic Interview by LIMHP		\$ 79.24					
H0031	52	Annual Supervision Assessment by LIMHP		\$ 60.81					
H1011		Family Assessment		\$ 70.68	\$ 68.38		\$ 68.38	\$ 70.68	
J0400		Injection - Aripiprazole 0.25 mg (Abilify)							
J1630		Injection - Haloperidol - up to 5mg (Haldol)							

CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	30 RN	36 LMHP	37 PLMHP
J1631		Injection - Haloperidol Decanoate - per 50mg (Haldol Decanoate)	\$ 3.73	\$ 3.73	\$ 3.73	\$ 3.73			
J2680		Injection - Fluphenazine Decanoate - up to 25mg (Prolixin Decanoate)	\$ 3.05	\$ 3.05	\$ 3.05	\$ 3.05			
S0166		Injection - Olanzapine 2.5mg (Zyprexa)	\$ 7.19	\$ 7.19	\$ 7.19	\$ 7.19			

CPT Code	Modifier	Description	38 Phd CAND	39 LIMHP	57 Phd PROV	58 PLADC	64 S Phd	67 Phd	78 LADC
J1631		Injection - Haloperidol Decanoate - per 50mg (Haldol Decanoate)							
J2680		Injection - Fluphenazine Decanoate - up to 25mg (Prolixin Decanoate)							
S0166		Injection - Olanzapine 2.5mg (Zyprexa)							

CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	35 MH Home Health	41 Assert Comm	44 Comm Suppt
90846	U3	Family psychotherapy (w/o client present) - Day Treatment							
90870		Electroconvulsive Therapy - ECT (Includes Necessary Monitoring)	\$110.48						
96372		Therapeutic Injection	\$9.70	\$9.70	\$9.70				
H0036		Community Treatment Aide (CTA) (per 15 min.)		\$11.20	\$11.20		\$11.20		
H0040		Assertive Community Treatment Program (ACT) - (MRO) (per diem)						\$44.49	
H0040	52	(Alternate) Assertive Community Treatment Program (ACT) - (MRO) (per diem)						\$41.80	
H2000		Comprehensive Multidisciplinary Evaluation (CCAA)		\$1,004.73	\$1,004.73				
H2012		Partial Hospitalization - minimum 6 units (per hour rate)	\$42.46						
H2012	52	Partial Hospitalization - maximum 3 units (per hour rate)	\$42.14						
H2013		Psychiatric Residential Treatment Facility (PRTF) Hospital- Based (per diem)	\$398.38						
H2013	UA	Psychiatric Residential Treatment Facility (PRTF) Hospital- Based: TLD:Home (per diem)	\$398.38						
H2013	UB	(PRTF) Hospital- Based: TLD: ICD-Psych (per diem)	\$398.38						
H2013	UC	Psychiatric Residential Treatment Facility (PRTF) Hospital- Based: TLD: ICD-Med/Surg (per diem)	\$398.38						
H2014		Intensive Outpatient (IOP) - Direct Care Staff (rate per 15 min.)		\$7.09	\$7.09				
H2015	HE	Community Support Services - mental health - (MRO) (rate per 15 min.)							\$20.75
H2017		Day Rehabilitation Services - (MRO) - minimum 12 units - (rate per 15 min.)							
H2018		Day Rehabilitation Services - full day - (MRO) - (per diem)							
H2018	HK	Secure Residential Rehabilitation Services - (MRO) - (per diem)							
H2018	TG	Residential Rehabilitation Services - (MRO) - (per diem)							
H2020		Therapeutic Group Home (ThGH) (per diem)							
H2020	UA	Therapeutic Group Home (ThGH): TLD: Home (per diem)							
H2020	UB	Therapeutic Group Home (ThGH): TLD: ICD- Psych (per diem)							
H2020	UC	Therapeutic Group Home (ThGH): TLD: ICD- Med/Surg (per diem)							
H2027		Day Treatment - Direct Care Staff (rate per 15 min unit)							
J0400		Injection - Aripiprazole 0.25 mg (Abilify)	\$0.34						
J1630		Injection - Haloperidol - up to 5mg (Haldol)	\$2.26	\$2.26	\$2.26				
J1631		Injection - Haloperidol Decanoate - per 50mg (Haldol Decanoate)	\$3.73	\$3.73	\$3.73				

CODE	MOD	DESCRIPTION	45 Day Rehab	46 Res Rehab	47 Sub Use Center	77 Day Treat	79 Treat Crisis	81 ThGh	86 PRFC	87 PRTF
90846	U3	Family psychotherapy (w/o client present) - Day Treatment				\$83.26				
90870		Electroconvulsive Therapy - ECT (Includes Necessary Monitoring)								
96372		Therapeutic Injection	\$9.70	\$9.70	\$9.70					
H0036		Community Treatment Aide (CTA) (per 15 min.)								
H0040		Assertive Community Treatment Program (ACT) - (MRO) (per diem)								
H0040	52	(Alternate) Assertive Community Treatment Program (ACT) - (MRO) (per diem)								
H2000		Comprehensive Multidisciplinary Evaluation (CCAA)								
H2012		Partial Hospitalization - minimum 6 units (per hour rate)				\$42.46				
H2012	52	Partial Hospitalization - maximum 3 units (per hour rate)				\$42.14				
H2013		Psychiatric Residential Treatment Facility (PRTF) Hospital- Based (per diem)								
H2013	UA	Psychiatric Residential Treatment Facility (PRTF) Hospital- Based: TLD:Home (per diem)								
H2013	UB	(PRTF) Hospital- Based: TLD: ICD-Psych (per diem)								
H2013	UC	Psychiatric Residential Treatment Facility (PRTF) Hospital- Based: TLD: ICD-Med/Surg (per diem)								
H2014		Intensive Outpatient (IOP) - Direct Care Staff (rate per 15 min.)								
H2015	HE	Community Support Services - mental health - (MRO) (rate per 15 min.)								
H2017		Day Rehabilitation Services - (MRO) - minimum 12 units - (rate per 15 min.)	\$2.26							
H2018		Day Rehabilitation Services - full day - (MRO) - (per diem)	\$54.30							
H2018	HK	Secure Residential Rehabilitation Services - (MRO) - (per diem)		\$336.91						
H2018	TG	Residential Rehabilitation Services - (MRO) - (per diem)		\$111.08						
H2020		Therapeutic Group Home (ThGH) (per diem)						\$158.87		
H2020	UA	Therapeutic Group Home (ThGH): TLD: Home (per diem)								
H2020	UB	Therapeutic Group Home (ThGH): TLD: ICD-Psych (per diem)								
H2020	UC	Therapeutic Group Home (ThGH): TLD: ICD-Med/Surg (per diem)								
H2027		Day Treatment - Direct Care Staff (rate per 15 min unit)				\$10.98				
J0400		Injection - Aripiprazole 0.25 mg (Abilify)								
J1630		Injection - Haloperidol - up to 5mg (Haldol)								
J1631		Injection - Haloperidol Decanoate - per 50mg (Haldol Decanoate)								

CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	35 MH Home Health	41 Assert Comm	44 Comm Suppt
J2680		Injection - Fluphenazine Decanoate - up to 25mg (Prolixin Decanoate)	\$3.05	\$3.05					
S0166		Injection - Olanzapine 2.5mg (Zyprexa)	\$7.19	\$7.19	\$7.19				
J2426		Paliperidone Palmitate 1mg (Invega) by Invoice							
J2315		Naltrexone Depot 1mg (Vivitrol) Invoice							
J2794		Risperidone, 0.5mg (Risperdal Consta) Invoice							
T1014		Telehealth transmission (per minute)	\$ 0.08	\$ 0.08	\$ 0.08				
T1027		Professional Resource Family Care (PRFC) - Direct Care Staff (per diem)							
T1027	UA	Professional Resource Family Care (PRFC) - therapeutic leave day home (per diem)							
T1027	UB	Professional Resource Family Care (PRFC) - therapuetic leave day psych (per diem)							
T1027	UC	Professional Resource Family Care (PRFC) - therapuetic leave day (per diem)							
T2033		Psychiatric Residential Treatment Facility (PRTF) - Specialty (per diem)							
T2033	UA	Psychiatric Residential Treatment Facility (PRTF) - Specialty: TLD:Home (per diem)							
T2033	UB	Psychiatric Residential Treatment Facility (PRTF) - Specialty: TLD: ICD-Psych (per diem)							
T2033	UC	Psychiatric Residential Treatment Facility (PRTF) - Specialty: TLD: ICD-Med/Surg (per diem)							
T2048		Psychiatric Residential Treatment Facility (PRTF) - Community Based - Non-Specialty (per diem)							
T2048	UA	Psychiatric Residential Treatment Facility (PRTF) - Community Based - Non-Specialty: TLD:Home (per diem)							
T2048	UB	Psychiatric Residential Treatment Facility (PRTF) - Community Based - Non-Specialty: TLD: ICD-Psych (per diem)							
T2048	UC	Psychiatric Residential Treatment Facility (PRTF) - Community Based - Non-Specialty: TLD: ICD-Med/Surg (per diem)							

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